State of Arizona Acupuncture Board of Examiners
1400 West Washington, Suite 230, Phoenix, Arizona 85007
(602) 542-3095 FAX (602) 542-3093
website: www.azacupunctureboard.us

Auricular Acupuncture Certificate Renewal Application A.R.S. § 32-3922 and R4-8-303

Scope of Certificate:
Practice of auricular acupuncture in the State of Arizona.

Term:
One year.

Auricular acupuncture means the application of acupuncture needles to the pinna, lobe or auditory meatus to treat alcoholism, substance abuse or chemical dependency.

An auricular acupuncture certificate issued allows the certificate holder to practice auricular acupuncture as follows:

1. Only in a substance abuse or chemical dependency program approved by the board, state, or the federal government and;
2. Only under the supervision of an Arizona licensed acupuncturist.

Requirements For Renewal of Certification

1. Submit renewal fee: $75.00 payable to the Arizona Acupuncture Board of Examiners
2. Complete all sections and return this renewal application form.
3. **Late renewals will not be accepted.**

Auricular Application Renewal Fee Schedule

Renewal fee:	A.R.S. § 32-3927 (A) (9)	$75.00

1. Return renewal application and fee together.
2. Please make checks or money orders payable to the Arizona Acupuncture Board of Examiners. DO NOT SEND CASH.

Expired Certificates

IMPORTANT NOTICE: There is no late renewal. If your certificate is not renewed before expiration date then you must cease and desist from auricular acupuncture. You will have to apply for certification as a new applicant and go through the application process and pay all associated fees. Expired certificates cannot be reinstated.

ADMINISTRATIVE USE ONLY:

Date Received:_____Amount:_____Check No.:_____ Receipt No.:_____

Answer The Following Questions Relating To The Last 12-Months

☐ **Yes** ☐ **No** Has any licensing authority of any other state, district, or territory of the United States or any other country or subdivision of any country, denied you a license or certificate to practice auricular acupuncture; or revoke, suspend, limit, restrict, or take any other action regarding your license or certificate to practice acupuncture? If so, provide an explanation.

☐ **Yes** ☐ **No** Have you been convicted of a crime, including driving under the influence of drugs or alcohol, other than a minor traffic offense? If so, provide an explanation.
Note: Pursuant to A.R.S. 32-3208 an applicant who has been charged with a misdemeanor or felony involving conduct that may affect patient safety must notify the regulatory board in writing within ten working days after the charge is filed.

☐ **Yes** ☐ **No** Have you had a claim for malpractice or a lawsuit filed against you alleging professional malpractice or negligence in the practice of auricular acupuncture? If so, provide an explanation.

☐ **Yes** ☐ **No** Do you have any condition that may impair your ability to practice auricular acupuncture safely and skillfully?

☐ **Yes** ☐ **No** Have you ever resigned, voluntarily or involuntarily, from a healthcare facility while under investigation or had a healthcare facility terminate, restrict, or take any other action regarding your employment, professional training, or privileges? If so, provide an explanation.

Clearly Print Or Type All Information

Full Name: _____
Certificate Number: AU-_____
Name, license and telephone number of Supervising Licensed Acupuncturist: _____
_____

Name of Substance Abuse or Chemical Dependency Facility Where You Work:

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number(s): _____Fax Number: _____
E-Mail: _____

Home Address

Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number(s): _____
E-Mail: _____

Designate which address will be your address of record which all mail will go and is of public record.

☐ **Business/Clinic Address**
☐ **Home Address**

With this application for certificate renewal, I submit the following signed statement under penalty of perjury that the facts in the application are accurate, true and complete.

Signature **Date**